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11132 U.S. PTO

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PTO/SB/05 (08-00)

Approved for use through 10/31/2002. OMH 06/09/0032

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(h))

Attorney Docket No.

PF524C1

First Inventor

Ruben et al

Title

Neurokinin-Alpha Binding Proteins And Methods Based Thereon

Express Mail Label No

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17) (in duplicate)
(Submit an original, and a duplicate for fee processing)

2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.

3. ☒ Specification [Total Pages 389]

(preferred arrangement set forth below)

- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the invention
- Brief Summary of the invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Sequence Listing
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 3]

5. ☒ Declaration [Total Pages 2]

- a. ☐ Newly executed (original or copy)
b. ☒ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)
i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.163(d)(2) and 1.33(b).

6. ☒ Application Data Sheet. See 37 CFR 1.76. (3 pages)

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

- ☒ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No: 09/533,822; filed March 24, 2000
Prior application information Examiner Prasad, Sarada C., Group/Art Unit: 1646

18. CORRESPONDENCE ADDRESS

- ☒ Customer Number or Bar Code Label

22195

or ☐ Correspondence address below

NAME

ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

TELEPHONE

FAX

NAME (Print/Type)

Kenley K. Hoover

Registration No (Attorney/Agent)

40,302

SIGNATURE

Date March 1, 2002

* Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

(Substitute form)

Patent fees are subject to annual revision.

Complete if Known

Application Number	Unassigned
Filing Date	Concurrently Herewith
First Named Inventor	Ruben et al.
Examiner Name	Unassigned
Group Art Unit	Unassigned
Attorney Docket Number	PF524C1

Total amount of payment	\$ 1,064.00
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METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 08-3425

Deposit Account Name	Human Genome Sciences, Inc.
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☒ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

☐ Applicant claims small entity status.
See 37 CFR 1.27.

2. ☐ **Payment Enclosed:**

☐ Check ☐ Credit Card ☐ Money Order ☐ Other*

FEE CALCULATION

1. BASIC FILING FEE					
Large Entry		Small Entry		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	740	201	370	Utility filing fee	\$ 740.00
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1)	\$740.00
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2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	38	18	\$18.00	\$324.00
Independent Claims	3	0	\$84.00	
Multiple Dependent			\$280.00	

Large Entropy Fee Code	Fee (\$)	Small Entropy Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
108	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)	\$324.00
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* or number previously paid, if greater. For REISSUES, see above.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Fee Code	Large Entity Fee (\$)	Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
142	1,280	242	640	Utility issue fee (or reissue)	
195	300	195	300	Publication fee for early, voluntary, or normal publication	
179	740	279	370	Request for Continued Examination (RCE)	
098	130	098	130	Processing fee, except in provisional applications	
126	180	126	180	Submission of Information Disclosure Statement	
123	50	123	50	Processing fee for provisional applications	
146	740	246	370	Filing a submission after final rejection (37 CFR 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR 1.129(b))	
145	100	145	100	Certificate of correction	
147	2,520	147	2,520	Request for <i>ex parte</i> reexamination	
099	8,800	099	8,800	Request for <i>inter partes</i> reexamination	
148	110	248	55	Statutory disclaimer	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
122	130	122	130	Petitions to the Commissioner	
140	110	240	55	Petition to revive unavably abandoned application	
141	1,280	241	640	Petition to revive unintentionally abandoned application	
091	1,280	091	1,280	Acceptance of an unintentionally delayed claim for priority	
561	3	561	3	Printed copy of patent, regular service	
581	40	481	40	Recording each patent assignment per property (times number of properties)	
Other fee (specify)					
Other fee (specify)					
Other fee (specify)					

* Reduced by Basic Filing Fee Paid	SUBTOTAL (3)	\$0.00
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Submitted By

Complete (if applicable)

Name (Print/Type) ~~Kenley~~ K. Hoover

Registration No.: 40.302

Telephone	301-610-5771
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Signature: _____

Date: March 1, 2002

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